

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective April 1, 2005

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	\$38 million	- 1.8%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

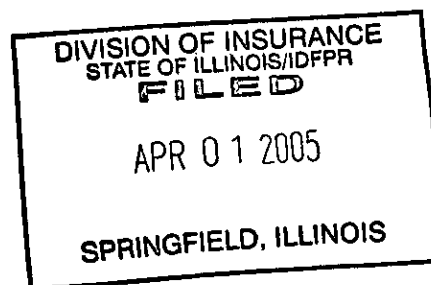
Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopting NCCI's advisory rates, loss costs and rating values pursuant to NCCI Approval Circular IL-2004-05 effective April 1, 2005.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Accident Fund Insurance Company of America
Name of Company

Fred Van Streain, CPCU, Compliance Advisor
Official - Title



SUMMARY SHEETChange in Company's premium or rate level produced by rate revision effective March 1, 2005

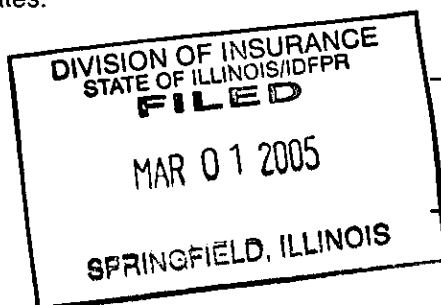
(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	<u>-\$11,777</u>	<u>1.1%</u>
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:
No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Rate filing based on NCCI's approved advisory loss costs including currently approved 20.0%
downward deviation.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will
result from application of new rates.



AIU Insurance Company
Name of Company

Daniel Cozzi - Filings Analyst
Official - Title

H29219D

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 03/01/2005

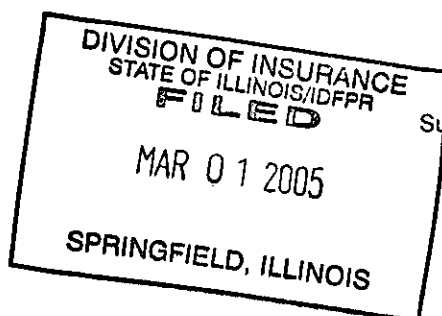
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$15,172,481	+0.4%
16. Other _____		
Line of Insurance _____		

Does filing only apply to certain territory (territories) or certain classes? If so, specify No _____

Brief description of filing (if filing follows rates of an advisory organization, specify organization) Adoption of NCCI, Inc. 1/1/05
Rates effective 03/01/2005 _____

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Alea North America Insurance Company _____
Name of CompanySusanne M. Rockwell, CISR Filing Analyst _____
Official — Title

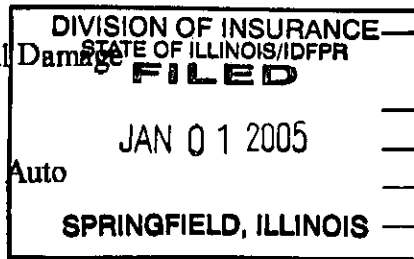
Illinois

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 1/1/2005.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$2,300,000	0.1%
16. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify NO

Brief description of filing (if filing follows rates of an advisory organization, specify organization) _____

The intent of this filing is to adopt the Illinois workers compensation advisory rates as filed by NCCI on behalf of carriers authorized in Illinois and approved by the Illinois Department of Insurance to be used effective January 1, 2005. However our final rates (see attached rate pages) are slightly modified due to our having to reduce the Advisory Rates by class into two components - a loss cost component and a loss cost modifier component. When broken down into two components, which is necessary for our purpose in providing financial calls to NCCI, the effect of rounding causes the final rate to be slightly off from the published Advisory Rates.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Name of Company: AmCOMP Assurance CorporationOfficial Name: Melody A. MisiaszekTitle: Vice Pres Regulatory & Compliance

Form (RF-3)

SUMMARY SHEETChange in Company's premium or rate level produced by rate revision effective January 1, 2005

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Work Comp</u>	<u>687,718</u>	<u>+0.6%</u>
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:
No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
 This filing proposes to adopt the approved NCCI miscellaneous values for Domestic Terrorism, Earthquakes, and
 Catastrophic Industrial Accidents.

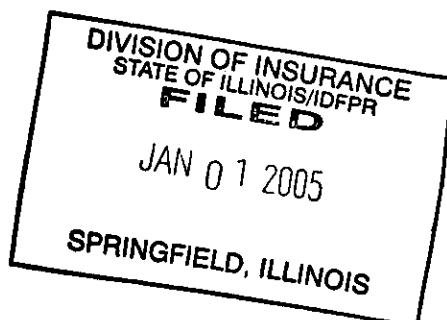
* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will
 result from application of new rates.

American & Foreign Insurance Co.
 Name of Company

Steve McAllister -
Product Support Supervisor
 Official - Title

H29219D



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/1/2005

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	\$475.00	-1.65%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: NA

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of the 1/1/2005
Advisory Rate filed by NCCI.

*Adjusted to reflect all prior rate changes.

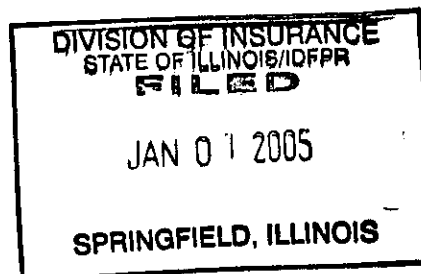
**Change in Company's premium level which will result from application of new rates.

American Compensation Ins. Co.

Name of Company

Wendy J Book - Corporate Compliance Manager

Official - Title



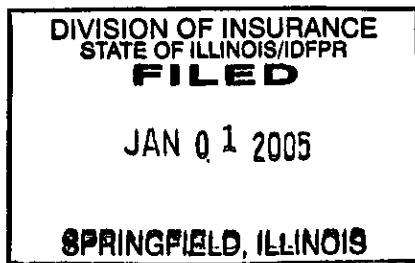
Form (RF-3)

SUMMARY SHEETChange in Company's premium or rate level produced by rate
revision effective January 1, 2005

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Worker's Compensation Line of Insurance	<u>7,632,792</u>	<u>+0.1%</u>

Does filing only apply to certain territory (territories) or certain
classes? If so, specify: NoBrief description of filing. (If filing follows rates of an advisory
organization, specify organization): NCCI Advisory Rate Increase for the
Voluntary Market as announced in Filing Circular II-2004-02 and II - 2004-05

* Adjusted to reflect all prior rate changes.
 ** Change in Company's premium level which will
 result from application of new rates.

AMERICAN COUNTRY INSURANCE COMPANY
Name of CompanyFrederick C. Feld
COMPLIANCE & state filing supervisor
Official - Title

SUMMARY SHEET

FORM (RF-3)

Change in Company's premium or rate level produced by rate revision
Effective January 1, 2005

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Comp</u>	<u>\$24,468,833</u>	<u>+0.6%</u>

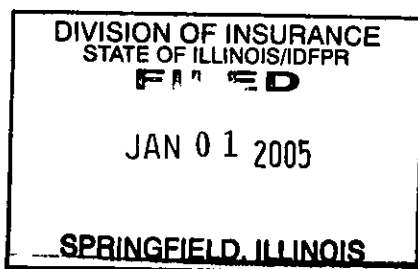
Does filing only apply to certain territory (territories) or certain classes? No

If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory
Organization, specify organization): Workers Compensation Manual Revision

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will
result from application of new rates.



AMERICAN FAMILY MUTUAL INS. CO.
Name of Company

James P. Meyer

Official - Title

James P. Meyer, ACP, AIM
Senior Pricing Analyst/Filings

SUMMARY SHEETChange in Company's premium or rate level produced by rate revision effective March 1, 2005

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	\$42,746,271	1.1%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:
No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Rate filing based on NCCI's approved advisory loss costs.

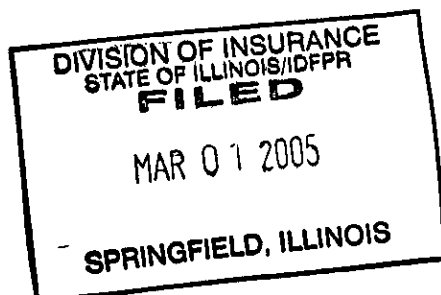
* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will
result from application of new rates.

American Home Assurance Company
Name of Company

Daniel Cozzi - Filings Analyst
Official - Title

H29219D



SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

March 1, 2005

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	\$90,634	1.1%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Rate filing based on NCCI's approved advisory loss costs including currently approved 30.0% downward deviation.

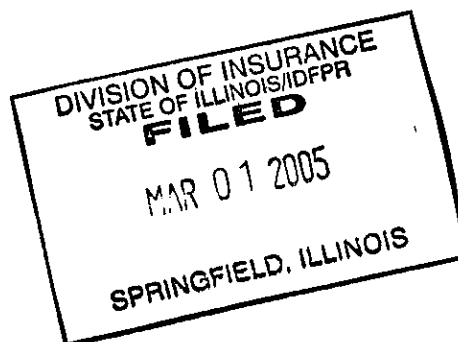
* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

American International South
Insurance Company
Name of Company

Daniel Cozzi - Filings Analyst
Official - Title

H29219D

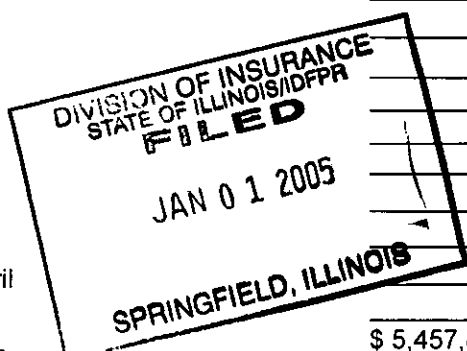


ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 4/1/2005

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or-)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$ 5,457,855	0.1%
16. Other _____		
Line of Insurance		



Does filing only apply to certain territory (territories) or certain classes? If so, specify N/A

Brief description of filing (if filing follows rates of an advisory organization, specify organization) Adoption of 1/1/2005 NCCI Advisory Loss Costs with a delayed effective date of April 1, 2005. To be effective for all new and renewal policies on and after April 1, 2005.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

American Interstate Insurance Company

Name of Company

Kathy Wells, State Filing Coordinator

Official — Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective January 1, 2005

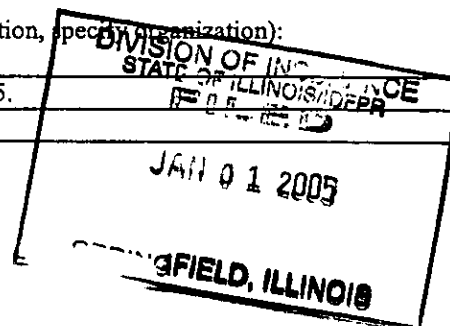
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	1,836,903 (Pg 24 IL of the 2003 Annual Statement)	0.1%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Filing to implement the NCCI's revised advisory rates of January 1, 2005.

- * Adjusted to reflect all prior rate changes.
 ** Change in Company's premium level which will result from application of new rates.



American Safety Cas. Ins. Co.
 Name of Company

Thomas L. Rudd, Manager
 Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective May 1, 2005

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	(\$180,718)	-4.4%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: no

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): follows NCCI Rates with deviation

*Adjusted to reflect all prior rate changes.

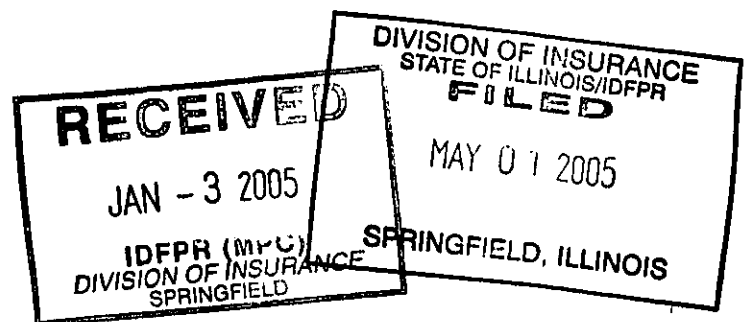
**Change in Company's premium level which will result from application of new rates.

Amerisure Insurance Company

Name of Company

Compliance Manager

Official - Title



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

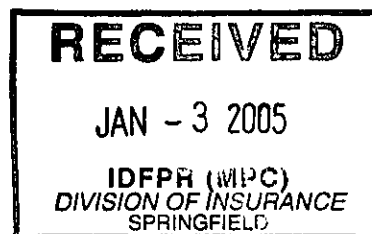
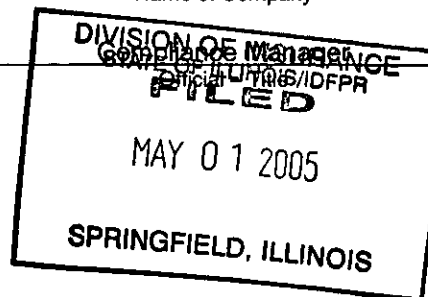
Change in Company's premium or rate level produced by rate revision effective May 1, 2005

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	\$2,041,771	+7.6%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: noBrief description of filing. (If filing follows rates of an advisory organization, specify organization): follows NCCI Rates with deviation

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Amerisure Mutual Insurance Company
Name of Company

SUMMARY SHEETChange in Company's premium or rate level produced by rate revision effective 01-01-05

	(1)	(2)	(3)
	<u>Coverage</u>	<u>Annual Premium Volume (Illinois)*</u>	<u>Percent Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Workers' Compensation	\$75,000	+5.1%
	Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

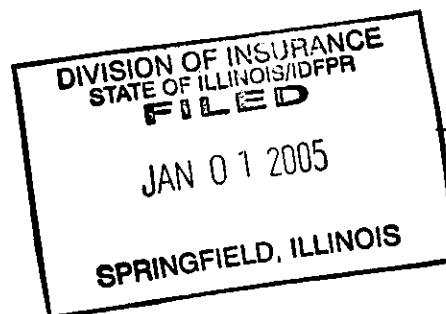
N/A

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Filing revised rates, misc. values and minimum premiums

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.


Ansur America Insurance
 Name of Company

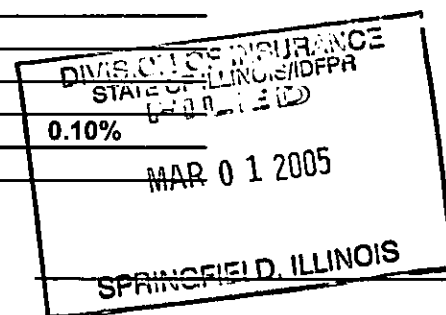
Anne Kohler
Sr. Commercial Technician
 Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective _____

(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) **
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$2,692,484	
16. Other _____		
Line of Insurance		



Does filing only apply to certain territory (territories) or certain classes? If so, specify _____

Brief description of filing (if filing follows rates of an advisory organization, specify organization) _____

Adoption of NCCI Loss Costs (NCCI Approval Circular Reference IL-2004-05).

Effective: March 1, 2005

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Arch Insurance Company

Name of Company

John Battles President, IRC

Official - Title

Signature

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1-Jan-05

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	5,358,396	+0.1%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopting January 1, 2005 National Council on Compensation Insurance advisory voluntary rates. We are also adopting 01/01/05 NCCI voluntary experience rating plan values and voluntary retrospective rating plan values. The AIC +15% deviation continues.

*Adjusted to reflect all prior rate changes.

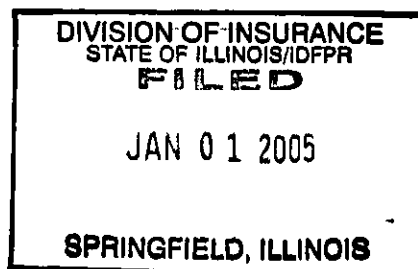
**Change in Company's premium level which will result from application of new rates.

Argonaut Insurance Company

Name of Company

Allison Angstadt - State Filings Coordinator

Official - Title



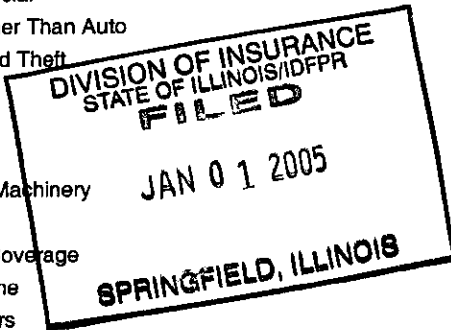
ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

January 1, 2005

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	50,548	-3.1%
16. Other		
Line of Insurance		



Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization) Adoption of NCCI approved
Workers Compensation loss costs and rating values per NCCI Circular IL-2004-05 dated December 21, 2004
and titled "Illinois - Voluntary Market - Advisory Rates, Loss Costs and Rating Values Effective January 1, 2005"
Reduction in the loss cost multiplier from 1.767 to 1.694.

* Adjusted to reflect all prior rate changes

** Changes in Company's premium level which will result from application of new rates.

Athena Assurance Company

Name of Company

Brian H. H. H.

2nd Vice President

Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate
revision effective NB: 01/01/05 Ren: 01/01/05.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation.</u>	<u>\$11,604,861</u>	<u>0.6%</u>
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: All classes.

Brief description of filing. (If filing following rates of an advisory organization, specify organization): Adoption of the NCCI Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents rate.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.



Auto-Owners Insurance Company
Name of Company

Brandi Holly, Manager
Official - Title

30004 (6-77)

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

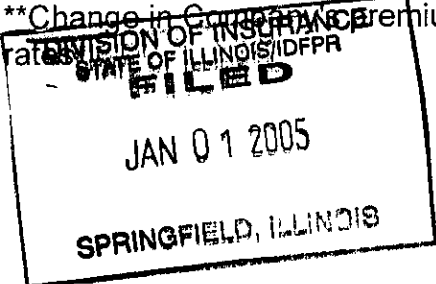
Change in Company's premium or rate level produced by rate revision effective January 1, 2005.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damag Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other <u>Workers' Comp.</u> Life of Insurance	<u>1,367,263.00</u>	<u>+ .1 %</u>

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): NCCI

*Adjusted to reflect all prior rate changes.
**Change in Company's premium level which will result from application of new rates



Badger Mutual Insurance Co.
Name of Company
Workers Compensation Coordinator
Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate
revision effective January 1, 2005.

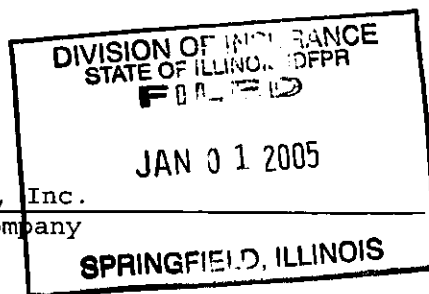
(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>112,869</u>	<u>+3.36%</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes?
If so, specify: No

Brief description of filing. (If filing follows rates of an advisory
organization, specify organization): Adopt the NCCI Loss Cost effective 1/1/05
Retain our Loss Cost Multiplier of 1.30 for all Class Codes

- * Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will
result from application of new rates.

BancInsure, Inc.
Name of Company



Carol E. Siimmons, CIC, Filing Analyst
Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

March 1, 2005

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	\$51,764	1.1%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:
No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Rate filing based on NCCI's approved advisory loss costs.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will
result from application of new rates.

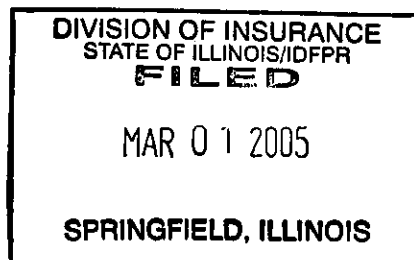
Birmingham Fire Insurance Company
of Pennsylvania

Name of Company

Daniel Cozzi - Filings Analyst

Official - Title

H29219D



ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

January 1, 2005

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	1,448,029	11.7%
16. Other		
Line of Insurance		



Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization) Adoption of NCCI approved
Workers Compensation loss costs and rating values per NCCI Circular IL-2004-05 dated December 21, 2004
and titled "Illinois - Voluntary Market - Advisory Rates, Loss Costs and Rating Values Effective January 1, 2005"
Adoption of a loss cost modification of 1.050.

* Adjusted to reflect all prior rate changes

** Changes in Company's premium level which will result from application of new rates.

Charter Oak Fire Insurance Company

Name of Company

Brian Heltman 2nd Vice President
 Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective January 1, 2005

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or 1)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi Peril		
14. Crop Hail		
15. Workers Compensation	\$3,058,774.00	4.01%
16. Other		

Does filing only apply to certain territory (territories) or certain classes? If so, Specify _____

Brief description of filing (if filing follows rates of an advisory organization, specify organization) _____

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

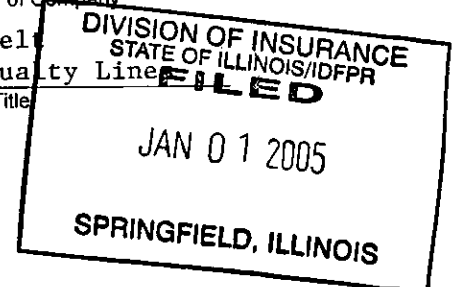
Church Mutual Insurance Company

Name of Company

Lynn A. Reichelt

Director--Casualty Line

Official - Title



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/2005

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	\$53,351,823.	+0.4%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: n/a

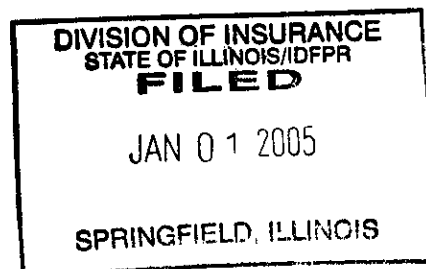
Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopting NCCI's rate revisions. Refer to NCCI circulars IL-2004-02 and IL-2004-04.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

The Cincinnati Casualty Company
Name of Company

Connie Peteronies - Analyst
Official - Title



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/2005

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	\$7,396,733.	-0.1%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: n/a

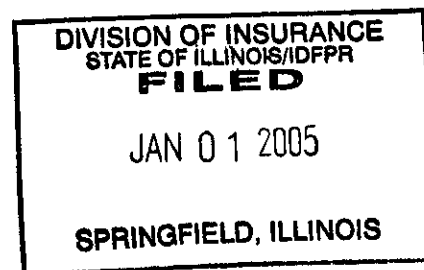
Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopting NCCI's rate revisions. Refer to NCCI circulars IL-2004-02 and IL-2004-04.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

The Cincinnati Indemnity Company
Name of Company

Connie Petertonjes - Analyst
Official - Title



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

 Change in Company's premium or rate level produced by rate revision effective 01/01/2005

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	\$14,441,202.	+0.6%

 Does filing only apply to certain territory (territories) or certain classes? If so, specify: n/a

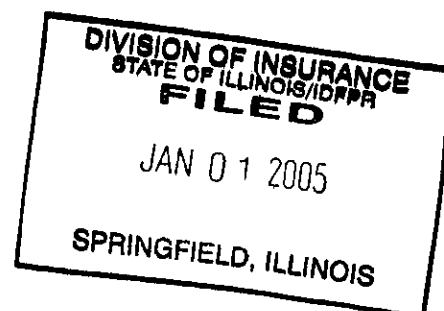
 Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopting NCCI's rate revisions. Refer to NCCI circulars IL-2004-02 and IL-2004-04.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

The Cincinnati Insurance Company
Name of Company

Connie Peteronjes - Analyst
Official - Title



SUMMARY SHEET

Form (RF-3)

Change in Company's premium or rate level produced by rate revision effective 1/1/05

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>\$441,816</u>	<u>+0.6%</u>
<u>Line of Insurance</u>		

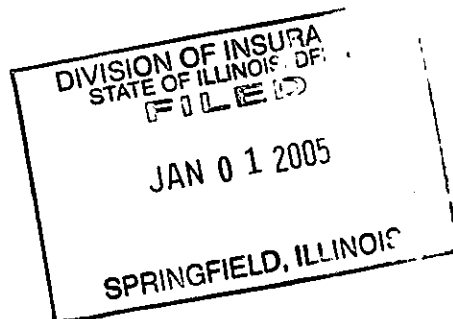
Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):


Adopting NCCI filing number B-1393 concerning Domestic Terrorism, Earthquakes, and
Catastrophic Industrial Accidents

* Adjust to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.



COLUMBIA NATIONAL INS. CO.
Name of Company


Official - Title
Dennis McVay, CPCU
Director, Research & Development

SUMMARY SHEET

Form (RF-3)

Change in Company's premium or rate level produced by rate revision effective 5/1/05

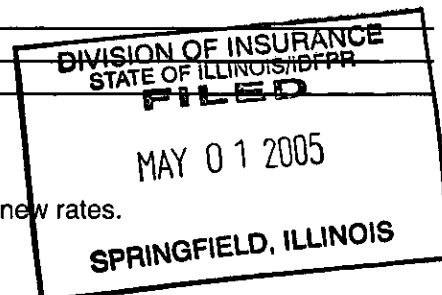
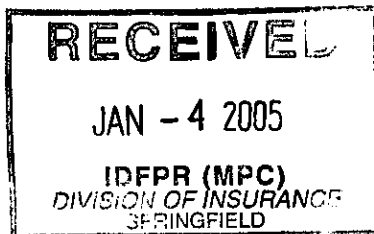
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>\$441,816</u>	<u>+0.1%</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Postpone NCCI's effective date of 1/1/05 to 5/1/05

* Adjust to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.



COLUMBIA NATIONAL INS. CO.
Name of Company

Dennis McVay
Official - Title
Dennis McVay, CPCU
Director, Research & Development

SUMMARY SHEETChange in Company's premium or rate level produced by rate revision effective March 1, 2005

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	<u>\$159,003,059</u>	<u>1.1%</u>
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:
No.

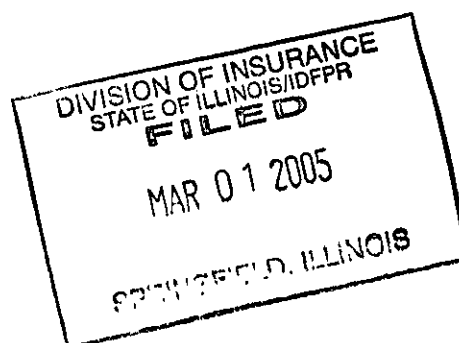
Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Rate filing based on NCCI's approved advisory loss costs including currently approved 15.0%
upward deviation.

- * Adjusted to reflect all prior rate changes.
 ** Change in Company's premium level which will
 result from application of new rates.

Commerce & Industry
 Insurance Company
Name of Company

Daniel Cozzi - Filings Analyst
Official - Title

H29219D



Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

January 1, 2005

(1)	(2)	(3)
<u>Coverage</u>	<u>Annual Premium Volume (Illinois)*</u>	<u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Work Comp</u>	(157,883)	+0.6%
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

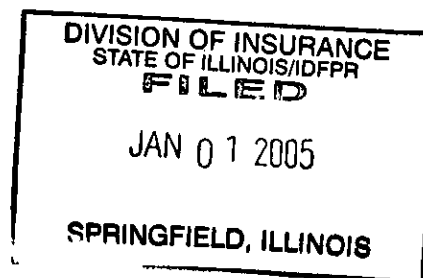
No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

This filing proposes to adopt the approved NCCI miscellaneous values for Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

The Connecticut Indemnity
Company

Name of Company

Steve McAllister -
Product Support Supervisor
Official - Title

H29219D

SUMMARY SHEETChange in Company's premium or rate level produced by rate Revision effective **5-1-05**

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Work Comp	\$3,967,067	+4.0%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization):

Adopting NCCI loss costs (with the exception of class codes 0042, 5022, 5551, 6217, 7228, 7229, 9082, and 9083) and miscellaneous rating values dated January 1, 2005 (applied LCM of 1.698); we will use the minimum premiums and expense constant provided by NCCI.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Continental Western Insurance Company

Name of Company

Teresa Wineland, Statistical/Research Analyst

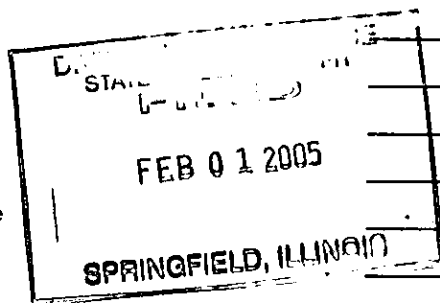
Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

02/01/05

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+or-)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler & Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers' Compensation	3,398,000	-3.2%
16. Other		



Does filing only apply to certain territory(ies) or certain classes? If so, specify:
No, applies to all WC.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization.)

Adoption of NCCI Prospective Loss Costs and Decrease of Loss Cost Multiplier

Westport Insurance Corporation is the base for the LCM.

Coregis is +15% Tier off of Westport.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Coregis Insurance Company

Name of Company

Linda Snook, P&RS Specialist

Official -- Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/05

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>\$4,762,622</u>	<u>2.10%</u>
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adopting the
advisory rates approved in NCCI circular IL-2004-05. We are also changing our premium discount schedule from Type A to Type B.

*Adjusted to reflect all prior rate changes.

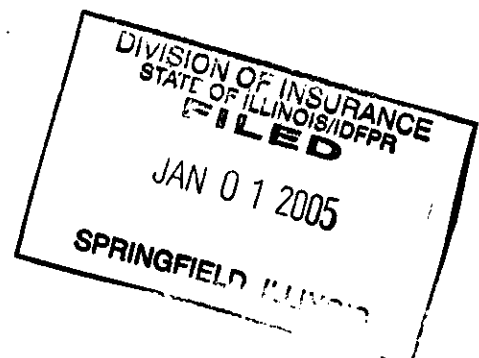
**Change in Company's premium level which will result from application of new rates.

EMCASCO Insurance Company

Name of Company

Don Coughenower - Asst. Vice President

Official - Title



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/1/2005

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	31,742,328.	+0.1%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

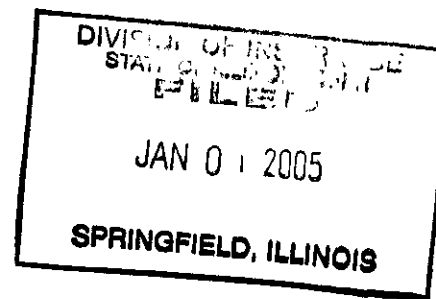
Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____
 Filing to adopt NCCI 1-1-2005 advisory rates with a +60% company deviation.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Employers Insurance Company of Wausau
Name of Company

Debra Rothmeyer State Filings Analyst
Official – Title



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/05

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	<u>\$3,213,473</u>	<u>3.10%</u>

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No

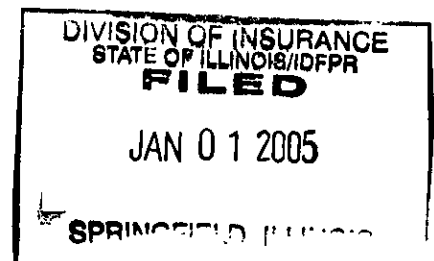
Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adopting the
advisory rates approved in NCCI circular IL-2004-05. We are also changing our premium discount schedule from Type A to Type B.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Employers Mutual Casualty Company
Name of Company

Don Coughenower - Asst. Vice President
Official - Title

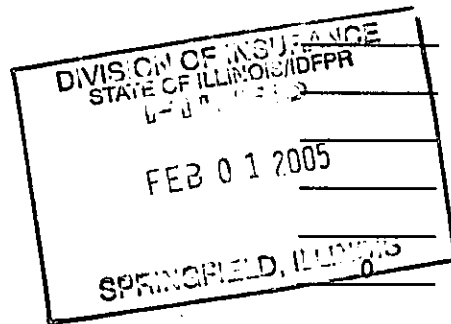


SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

02/01/05

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+or-)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler & Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers' Compensation		0.0%
16. Other		



Does filing only apply to certain territory(ies) or certain classes? If so, specify:

No, applies to all WC.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization.)

Adoption of NCCI Prospective Loss Costs and Decrease of Loss Cost Multiplier

Westport Insurance Corporation is the base for the LCM.

ERC is +15% Tier off of Westport.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Employers Reinsurance Corporation

Name of Company

Linda Snook, P&RS Specialist

Official -- Title

ILLINOIS SUMMARY SHEET

Form (RF-3)

Change in Company's premium or rate level produced by rate
revision effective September 1, 2005

(1)		(2)	(3)
Coverage		Annual Premium Volume (Illinois) *	Percent Change (+ or -) **
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Workers Compensation	\$7,416,008	0.8%
16.	Other		
Line of Insurance			

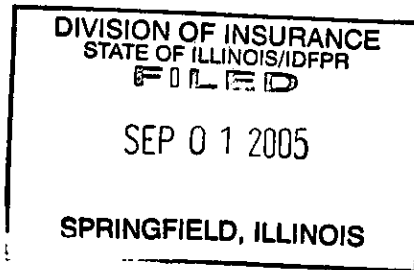
Does filing only apply to certain territory (territories) or certain
classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory
organization, specify organization):

Delay adoption of NCCI's Item B-1393 until September 1, 2005

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will
result from application of new rates.



Farmers Insurance Exchange
Name of Company

James J. Gebhard, FCAS, MAAA
Actuary, Workers Compensation
Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/1/05

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Worker's Compensation</u> Line of Insurance	1,601,545	-0.63%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____
We are adopting NCCI's 1/1/05 loss costs and retaining our current loss cost multiplier.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Farmland Mutual Insurance Company
Name of Company

Official - Title



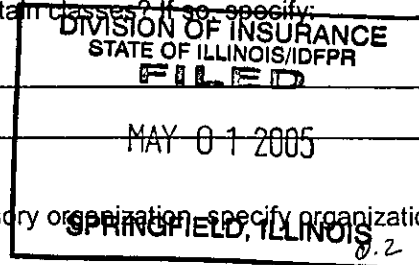
SUMMARY SHEET

Change in Company's premium or rate level produced by rate
revision effective May 1, 2005

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois) *</u>	(3) <u>Percent Change (+ or -) **</u>
1. Automobile Liability Private Passenger		
Commercial		
2. Automobile Physical Damage Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u> <u>Line of Insurance</u>	<u>13,806,401</u>	<u>0.2</u> <u>0.0%</u>

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No



Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

We have made some revisions to the deviations on some class codes. The impact is 0.0% change in our premium level.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Federated Mutual Ins. Co.

Name of Company

Brad Hanson - Vice President

Official - Title

Section 754. EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective 1-15-05

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private		
Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>WC</u>	<u>2,868,181</u>	<u>+ 19.4%</u>
Life of Insurance		

Does filing only apply to certain territory (territories) or certain
classes? If so, specify: _____Brief description of filing. (If filing follows rates of an advisory
organization, specify organization): _____754b DEVIATION TO LOSS COST

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of
new rates.FEDERATED RURAL ELECTRIC INS EXCHANGE
Name of Company FILEDANNETTE ALEXANDER MAR 17 1983
Official--fileACTUARIAL ANALYST SOS - ISL - CODE UNITDIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

JAN 15 2005

SPRINGFIELD, ILLINOIS

SUMMARY SHEET

Change in Company's premium or rate level produced by rate
 revision effective May 1, 2005

DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR FILED MAY 01 2005 Percent Change (+ or -) ** SPRINGFIELD, ILLINOIS
--

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois) *</u>	
1. Automobile Liability Private Passenger		
Commercial		
2. Automobile Physical Damage Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	80,269	0.2 0.0%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

We have made some revisions to the deviations on some class codes. Overall impact is

0.2
0.0% change in our premium level.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which
 will result from application of new rates.

Federated Service Ins. Co.
Name of Company
Brad Hanson – Vice President
Official – Title

Form (RF-3)

SUMMARY SHEETChange in Company's premium or rate level produced by rate revision effective January 1, 2005

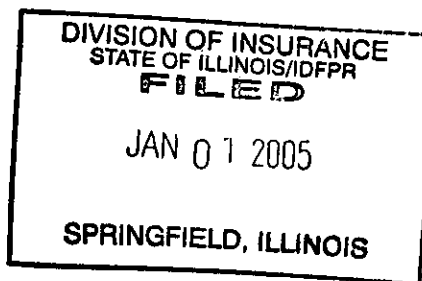
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Work Comp</u>	<u>3,363,096</u>	<u>+0.6%</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:
No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
 This filing proposes to adopt the approved NCCI miscellaneous values for Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will
 result from application of new rates.



The Fire & Casualty Insurance
 Company of Connecticut
Name of Company

Steve McAllister -
Product Support Supervisor
Official - Title

H29219D

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 2/1/2005

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	945,958.	+0.1%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____
Filing to adopt NCCI 1-1-2005 loss cost with current filed approved company loss cost multipliers; and revised minimum premium formula.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

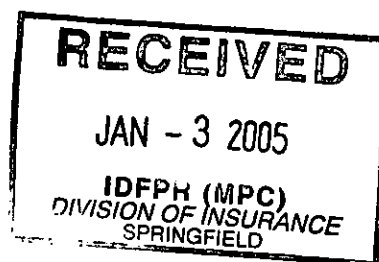
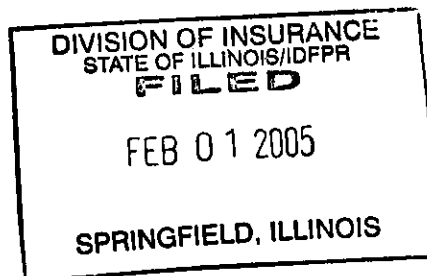
The First Liberty Insurance Corporation

Name of Company

Debra Rothmeyer

State Filings Analyst

Official – Title



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 3/1/2005

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	945,958	0.6%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

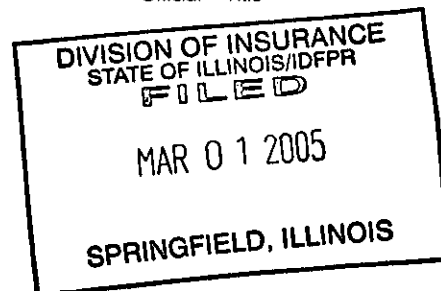
Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____
Filing to begin using NCCI voluntary advisory rate for Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

The First Liberty Insurance Corporation
Name of Company

Debra Rothmeyer State Filings Analyst
Official – Title



ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 01/01/2005

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	2,472,717	-8.9%
16. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify No

Brief description of filing (if filing follows rates of an advisory organization, specify organization) _____

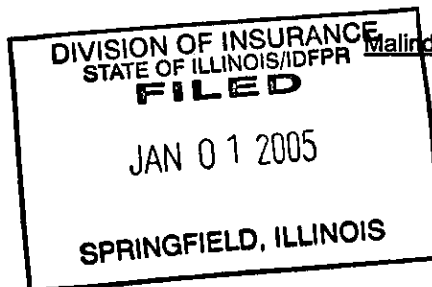
Adoption of approved 01/01/2005 NCCI loss costs. We would also like to reduce our loss cost multiplier to 1.541.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Florists' Mutual Insurance Company
Name of Company

Malinda J. Bentley, CPCU, AVP-Operations
Official — Title



SUMMARY SHEETChange in Company's premium or rate level produced by rate revision effective 01-01-05

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers'	\$12,174,000	+5.1%
Compensation		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

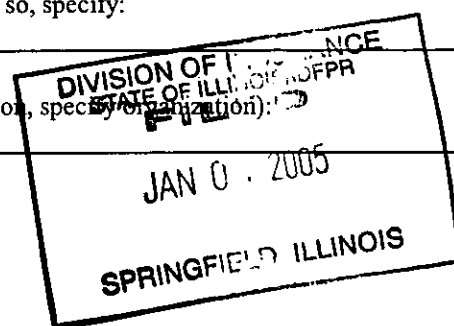
N/A

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Filing revised rates, misc. values and minimum premiums

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Frankenmuth Mutual Insurance

Name of Company

Anne KohlerSr. Commercial Technician

Official - Title

Form (RF-3)

SUMMARY SHEETChange in Company's premium or rate level produced by rate revision effective January 1, 2005

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Work Comp</u>	<u>470,345</u>	<u>+0.6%</u>
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
 This filing proposes to adopt the approved NCCI miscellaneous values for Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents.

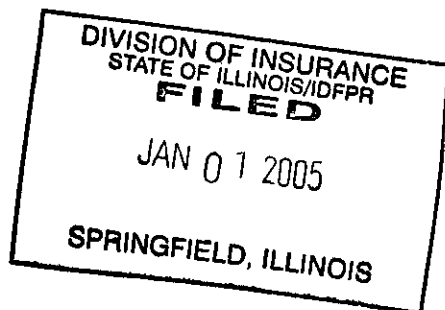
* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Globe Indemnity Company
 Name of Company

Steve McAllister -
Product Support Supervisor
 Official - Title

H29219D



SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

March 1, 2005

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	\$42,174	1.1%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:
No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Rate filing based on NCCI's approved advisory loss costs.

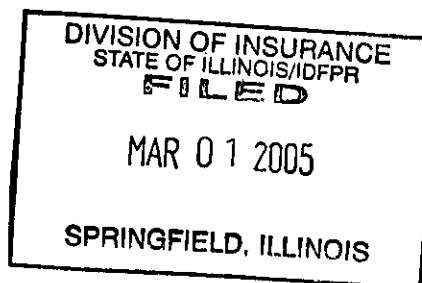
* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will
result from application of new rates.

Granite State Insurance Company
Name of Company

Daniel Cozzi - Filings Analyst
Official - Title

H29219D



ILLINOIS SUMMARY SHEET

FORM RF - 3

Change in Company's premium or rate level produced by rate revision effective:
3/1/2005

(1) Coverage		(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) **
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Workers Compensation	\$179,613	9.6%
16.	Other		
(Line of Insurance)			

Does filing only apply to certain territory (territories) or certain classes? If so, specify: NO

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adoption of NCCI Loss Costs, Rating Values and Retrospective Rating Values from NCCI Circular IL-2004-05 effective January 1, 2005. Our filing (WC IL 0412 RATE) to be effective March 1, 2005.

* Adjusted to reflect all prior rate changes.

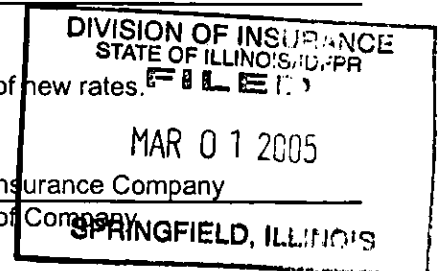
** Change in Company's premium level which will result from application of new rates.

Great American Alliance Insurance Company

Name of Company

Denise Kreyenhagen Product Analyst

Official - Title



ILLINOIS SUMMARY SHEET

FORM RF - 3

Change in Company's premium or rate level produced by rate revision effective:
3/1/2005

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

MAR 01 2005

SPRINGFIELD, ILLINOIS

(1)		(2)	(3)
Coverage	Annual Premium Volume (Illinois) *	Percent Change (+ or -) **	
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Workers Compensation	\$276,553	-2.9%
16.	Other		
(Line of Insurance)			

Does filing only apply to certain territory (territories) or certain classes? If so, specify: NO

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Adoption of NCCI Loss Costs, Rating Values and Retrospective Rating Values from NCCI Circular IL-2004-05
effective January 1, 2005. Our filing (WC IL 0412 RATE) to be effective March 1, 2005.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Great American Assurance Company
Name of Company

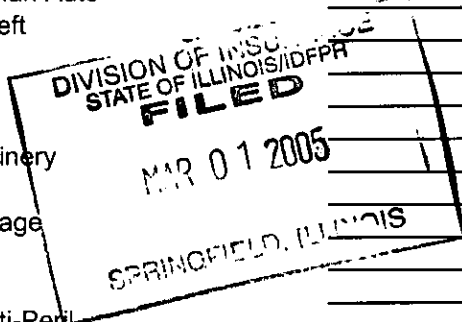
Denise Kreyenhagen Product Analyst
Official - Title

ILLINOIS SUMMARY SHEET

FORM RF - 3

Change in Company's premium or rate level produced by rate revision effective:
3/1/2005

(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) **
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$185,277	0.5%
16. Other		
(Line of Insurance)		



Does filing only apply to certain territory (territories) or certain classes? If so, specify: NO

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Adoption of NCCI Loss Costs, Rating Values and Retrospective Rating Values from NCCI Circular IL-2004-05
effective January 1, 2005. Our filing (WC IL 0412 RATE) to be effective March 1, 2005.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Great American Insurance Company
Name of Company

Denise Kreyenhagen Product Analyst
Official - Title

ILLINOIS SUMMARY SHEET

FORM RF - 3

Change in Company's premium or rate level produced by rate revision effective:
3/1/2005

(1)		(2)	(3)
Coverage	Annual Premium Volume (Illinois) *	Percent Change (+ or -) **	
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Workers Compensation	\$1,126,133	-3.3%
16.	Other		
	(Line of Insurance)		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: NO

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adoption of NCCI Loss Costs, Rating Values and Retrospective Rating Values from NCCI Circular IL-2004-05 effective January 1, 2005. Our filing (WC IL 0412 RATE) to be effective March 1, 2005.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.



Great American Insurance Company of New York

Name of Company

Denise Kreyenhagen Product Analyst

Official - Title

ILLINOIS SUMMARY SHEET FORM RF-3

Change in Company's premium or rate level produced by rate revision effective January 1, 2005

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$5,559,189.	-9.0%
16. Other _____		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify No

Brief description of filing (if filing follows rates of an advisory organization, specify organization) We are filing for
a rate deviation of +5.0% on all classes for Great West Casualty Company.

* Adjusted to reflect all prior rate changes.

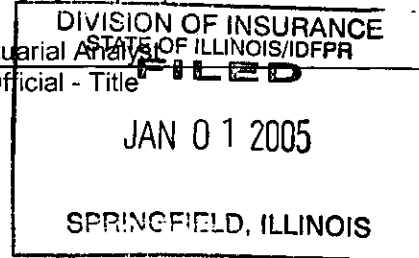
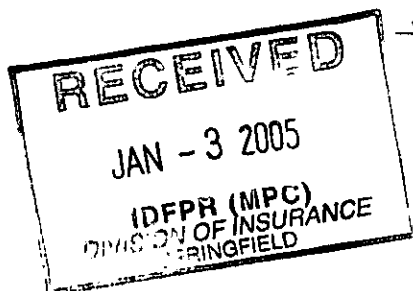
** change in Company's premium level which will result from application of new rates.

Great West Casualty Company

Name of Company

Janice L. Hohenstein, Actuarial Analyst

Official - Title



Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate
revision effective May 1, 2005

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>9,022,269</u>	<u>+3,705</u>
<u>Line of Insurance</u>		<u>.04</u>

Does filing only apply to certain territory (territories) or certain classes?
If so, specify: No

Brief description of filing. (If filing follows rates of an advisory
organization, specify organization): Adoption of NCCI 1/1/05 rates and Domestic
Terrorism, Earthquake and Catastrophic Industrial Accidents charge

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will
result from application of new rates.

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

MAY 01 2005

SPRINGFIELD, ILLINOIS

H292190

Grinnell Mutual Reinsurance

Name of Company

Karen Bethea - Actuary

Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 08/01/05

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Comp</u>	<u>\$976,074</u>	<u>+0.8%</u>
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

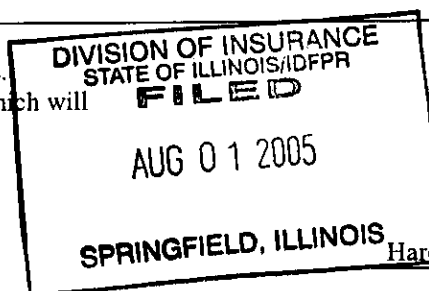
No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Filing to adopt the loss costs and rating values contained in NCCI approval circular IL-2004-05 with a delayed effective date. Revising minimum premium multiplier in minimum premium formula on Harco ExceptionPage WC-E-1.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Harco National Insurance Company
Name of CompanyDebbie Smith - Compliance
Technical Specialist
Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/05

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	\$5,579,413	2.90%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adopting the advisory rates approved in NCCI circular IL-2004-05. We are also changing our premium discount schedule from Type A to Type B.

*Adjusted to reflect all prior rate changes.

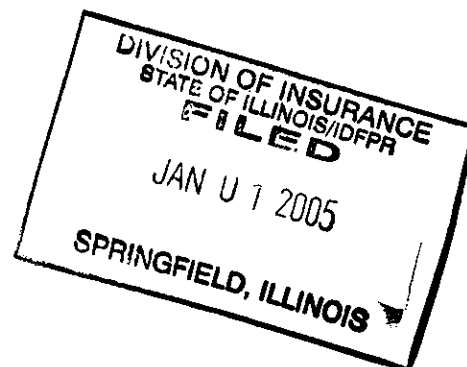
**Change in Company's premium level which will result from application of new rates.

Illinois Emcasco Insurance Company

Name of Company

Don Coughenower - Asst. Vice President

Official - Title



SUMMARY SHEETChange in Company's premium or rate level produced by rate revision effective March 1, 2005

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	\$17,936,660	1.1%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:
No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Rate filing based on NCCI's approved advisory loss costs.

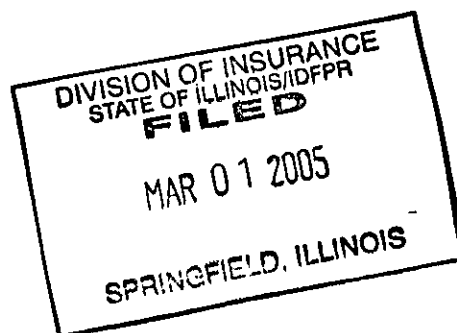
* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will
result from application of new rates.

Illinois National Insurance Company
Name of Company

Daniel Cozzi - Filings Analyst
Official - Title

H29219D

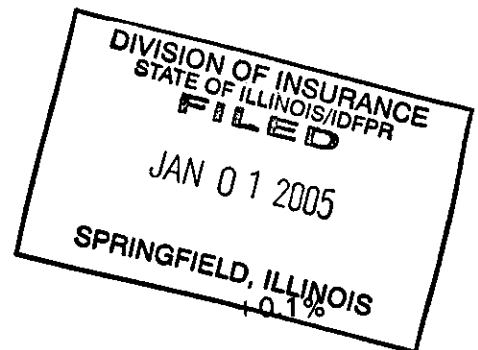


SUMMARY SHEET

Form (RF-3)

Change in Company's premium or rate level produced by rate revision effective: 1-1-2005

(1)	(2)	(3)
<u>Coverage</u>	<u>Annual Premium Volume (Illinois)*</u>	<u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary & Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler & Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Worker's Compensation	\$885,481 (12-31-03)	
16. Other:		

**Line of Insurance**Does filing only apply to certain territory (territories) or certain classes? No.If so, specify: Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Filing to adopt the Illinois NCCI advisory rates and rating values filed to be effective 1-1-2005

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

IMT Insurance Company (Mutual)
Name of Company

Anita Lee, CPCU, ARP, Senior Compliance Analyst, Research & Development
Official - Title

SUMMARY SHEETChange in Company's premium or rate level produced by rate revision effective March 1, 2005

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	\$14,062,196	1.1%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:
No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Rate filing based on NCCI's approved advisory loss costs.

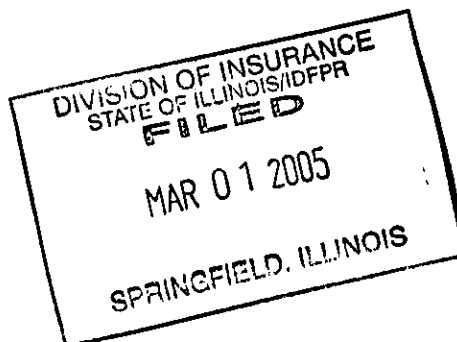
* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will
result from application of new rates.

The Insurance Company of the
State of Pennsylvania
Name of Company

Daniel Cozzi - Filings Analyst
Official - Title

H29219D



ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective January 1, 2005

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	0	+1.0%
16. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify NO

Brief description of filing (if filing follows rates of an advisory organization, specify organization) ADOPTION OF NCCI'S
01/01/05 RATES AND RATING VALUES

* Adjusted to reflect all prior rate changes.

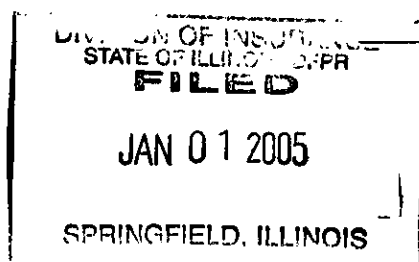
** Change in Company's premium level which will result from application of new rates.

INSURANCE COMPANY OF THE WEST

Name of Company

Tammy Steinell, Filing Analyst

Official - Title



§ 754. Exhibit A Summary sheet (Form RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/1/05

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private		
Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>workers Comp</u>	173,645.00	0.1%+
Life of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

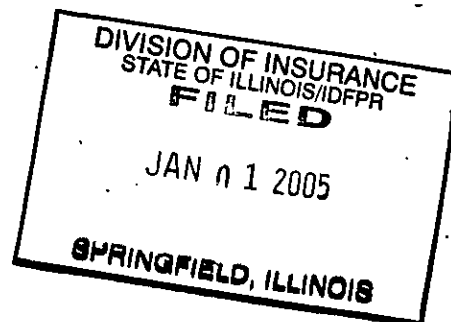
Brief description of filing. (If filing follows rates of an advisory organization, specify organization): adopted NCCI's approved loss costs for Illinois as of 1/1/05
from NCCI circ IL-2004-02 and IL-2004-04. We are keeping our same previously a
approved loss cost multiplier for Iowa American of 1.11.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Iowa American Insurance Company

Name of Company



Post-it® Fax Note	7671	Date	1/6/05	# of pages	2
To	Mark Smith	From	DeAnna Roberts		
Co./Dept.	Illinois Ins. D.U.N.	Co.	Iowa Mutual		
		Phone #	563 659-3223		
		Fax #	800-627-0378		

§ 754. Exhibit A Summary sheet (Form RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/1/2005

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger		
Commercial		
2. Automobile Physical Damage Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation Life of Insurance	1,014,547.00	0.13+

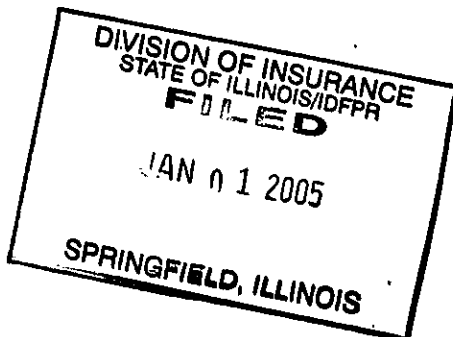
Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization); adopted Ncci's approved loss costs for Illinois as of 1/1/05 from Ncci Circ IL-2004-02 and IL-2004-04. We are keeping our same previously approved loss cost multiplier for Iowa Mutual of 1.39

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Iowa Mutual Insurance Company
Name of Company



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 2/1/2005

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	6,039,696.	+0.1%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

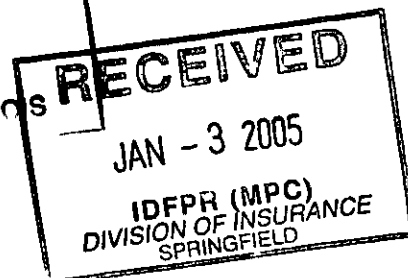
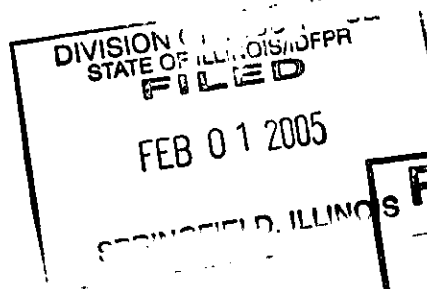
Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____
Filing to adopt NCCI 1-1-2005 loss cost with current filed approved company loss cost multipliers; and revised minimum premium formula.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Liberty Insurance Corporation
Name of Company

Debra Rothmeyer State Filings Analyst
Official - Title



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 3/1/2005

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	6,039,696.	0.6%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

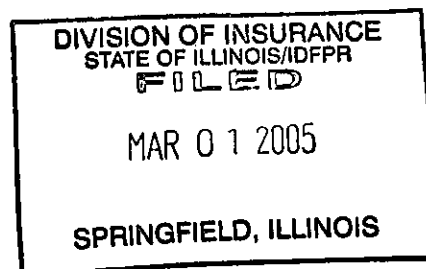
Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____
Filing to begin using NCCI voluntary advisory rate for Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Liberty Insurance Corporation
Name of Company

Debra Rothmeyer State Filings Analyst
Official – Title



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 2/1/2005

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	76,301,834.	+0.1%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

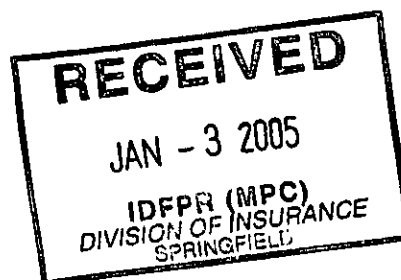
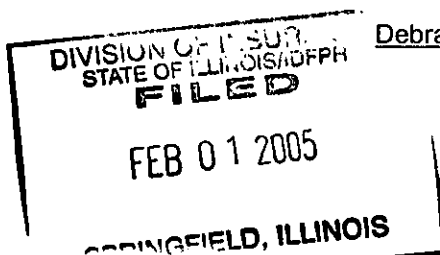
Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____
 Filing to adopt NCCI 1-1-2005 loss cost with current filed approved company loss cost multipliers; and revised minimum premium formula.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Liberty Mutual Fire Insurance Company
 Name of Company

Debra Rothmeyer State Filings Analyst
 Official - Title



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 3/1/2005

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	76,301,834.	0.6%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

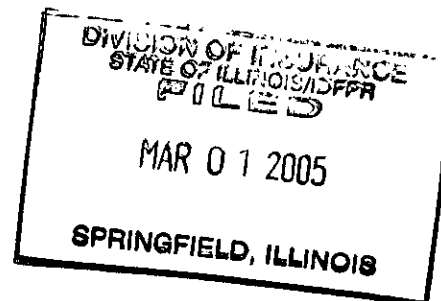
Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____
Filing to begin using NCCI voluntary advisory rate for Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Liberty Mutual Fire Insurance Company
Name of Company

Debra Rothmeyer State Filings Analyst
Official - Title

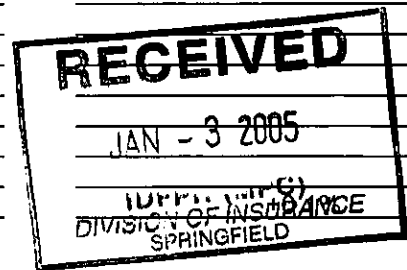


ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 2/1/2005

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	17,490,856.	



Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

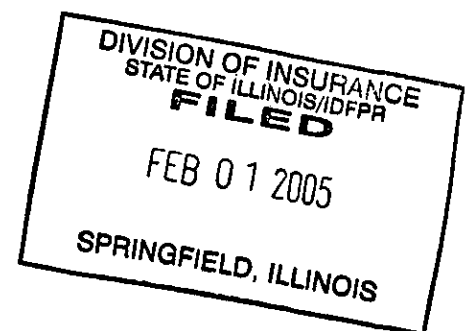
Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____
Filing to adopt NCCI 1-1-2005 loss cost with current filed approved company loss cost multipliers; and revised minimum premium formula.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Liberty Mutual Insurance Company
Name of Company

Debra Rothmeyer State Filings Analyst
Official - Title



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 3/1/2005

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	17,490,856.	10.4 0.6
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

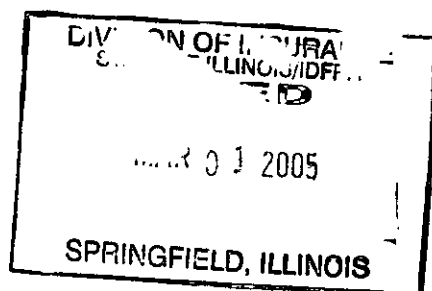
Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____
Filing to begin using NCCI voluntary advisory rate for Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Liberty Mutual Insurance Company
 Name of Company

Debra Rothmeyer State Filings Analyst
 Official – Title



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 3/1/2005

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	17,490,856.	0.6%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____

Filing to begin using NCCI voluntary advisory rate for Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Liberty Mutual Insurance Company

Name of Company

Debra Rothmeyer

State Filings Analyst

Official – Title



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 2/1/2005

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	97,429,359.	+0.1%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____
 Filing to adopt NCCI 1-1-2005 loss cost with current filed approved company loss cost multipliers; and revised minimum premium formula.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

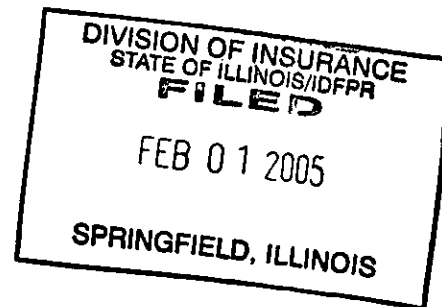
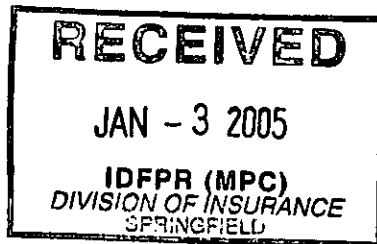
LM Insurance Corporation

Name of Company

Debra Rothmeyer

State Filings Analyst

Official - Title



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 3/1/2005

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	97,429,359.	0.6%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____
Filing to begin using NCCI voluntary advisory rate for Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

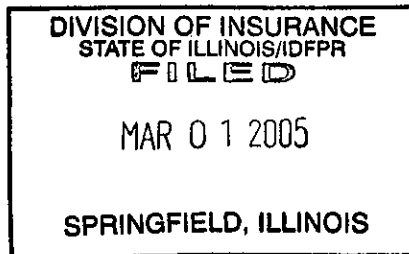
LM Insurance Corporation

Name of Company

Debra Rothmeyer

State Filings Analyst

Official – Title



SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective February 1, 2005

(1)	(2)	(3)
<u>Coverage</u>	<u>Annual Premium Volume (Illinois)*</u>	<u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger		
Commercial		
2. Automobile Physical Damage Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> <u>Line of Insurance</u>	\$1,980,472	-5.7%

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adoption of NCCI's Advisory Miscellaneous Values, Retrospective Rating Plan Manual State Special Rating Values

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Lumbermen's Underwriting Alliance
 Name of Company

 Lisa A. Beeching
Property & Casualty Filing Analyst
 Official - Title

ILLINOIS SUMMARY SHEET

Form (RF-3)

Change in Company's premium or rate level produced by rate
revision effective September 1, 2005

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois) *	Percent Change (+ or -) **
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$4,344,634	0.8%
16. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain
classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory
organization, specify organization):

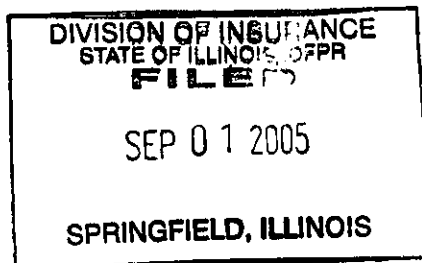
Delay adoption of NCCI's Item B-1393 until September 1, 2005

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will
result from application of new rates.

Mid-Century Insurance Company
Name of Company

James J. Gebhard, FCAS, MAAA
Actuary, Workers Compensation
Official - Title



SUMMARY SHEETChange in Company's premium or rate level produced by rate revision effective March 1, 2005

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	<u>\$3,758,616</u>	<u>1.1%</u>
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:
No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Rate filing based on NCCI's approved advisory loss costs.

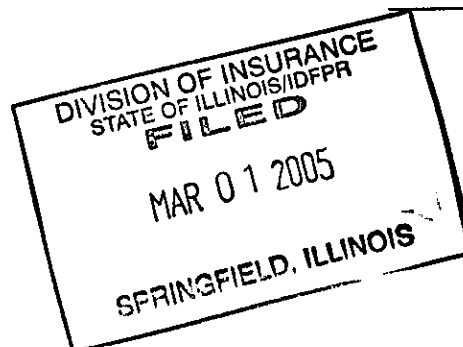
* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will
result from application of new rates.

National Union Fire Insurance
Company of Pittsburgh, PA
Name of Company

Daniel Cozzi - Filings Analyst
Official - Title

H29219D



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/1/05

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Worker's Compensation</u> Line of Insurance	1,358,829	-2.28%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

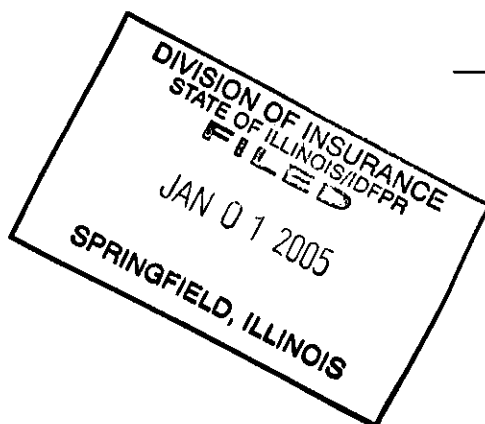
Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____
We are adopting NCCI's 1/1/05 loss costs and retaining our current loss cost multiplier.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Nationwide Agribusiness Insurance Company
Name of Company

Official - Title



SUMMARY SHEETChange in Company's premium or rate level produced by rate revision effective March 1, 2005

(1)	(2)	(3)
<u>Coverage</u>	<u>Annual Premium Volume (Illinois)*</u>	<u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	\$1,845,201	1.1%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:
No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Rate filing based on NCCI's approved advisory loss costs including currently approved 20.0%
downward deviation.

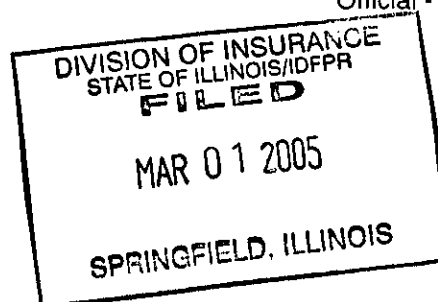
* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will
result from application of new rates.

New Hampshire Insurance Company
Name of Company

Daniel Cozzi - Filings Analyst
Official - Title

H29219D



SUMMARY SHEET

Change in Company's premium or rate level produced by rate
revision effective NB: 01/01/05 Ren: 01/01/05

(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation.</u>	<u>\$13,588,631</u>	<u>0.6%</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: All classes

Brief description of filing. (If filing following rates of an advisory organization, specify organization): Adoption of the NCCI Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents rate.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.



Owners Insurance Company
Name of Company

Brandi Holly, Manager
Official - Title

30004 (6-77)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective February 1, 2005 New; March 1, 2005 Renewal.

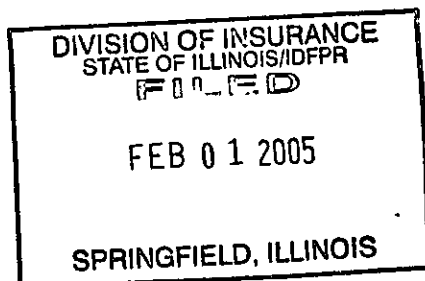
(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	\$39,501,078	+0.3%
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so,
specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify
organization): Adopt NCCI Rate Revision

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will
result from application of new rates.



PEKIN INSURANCE COMPANY
Name of Company

Robert M. McGann
Official - Title

R.M. McGann - Statistical & Pricing Analyst,
Assistant Secretary

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

**March 1, 2005 New
May 1, 2005 Renewal**

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	\$1,031,714	-1.0%
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

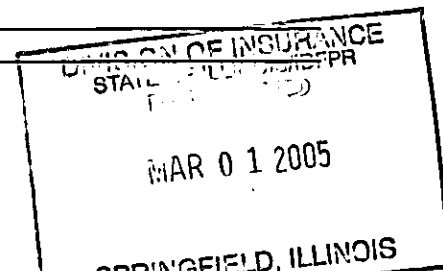
No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adoption of January 1, 2005 NCCI loss costs with no change in current loss cost multiplier

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

**Penn Millers Insurance Company**

Name of Company

Tracy Yokimishyn - Actuarial Assistant

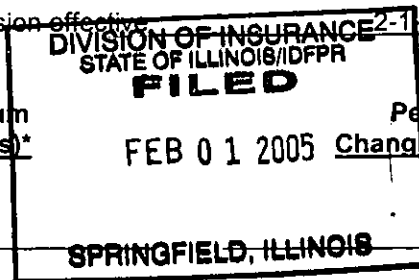
Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 2-1-2005

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	1,810,404	-2.7%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: All classesBrief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of NCCI Loss Cost Revisions - announced in Circular IL-2004-05.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Pharmacists Mutual Insurance Company
Name of Company

Lori Stokes - State Filings Analyst
Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

January 1, 2005

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	162,827	0.2%
16. Other		
Line of Insurance	<div data-bbox="595 982 927 1224"> <div data-bbox="595 982 927 1035">DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR</div> <div data-bbox="679 1031 842 1056">FILED</div> <div data-bbox="667 1094 855 1125">JAN 01 2005</div> <div data-bbox="608 1192 914 1224">SPRINGFIELD, ILLINOIS</div> </div>	

Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization) Adoption of NCCI approved
Workers Compensation loss costs and rating values per NCCI Circular IL-2004-05 dated December 21, 2004
and titled "Illinois - Voluntary Market - Advisory Rates, Loss Costs and Rating Values Effective January 1, 2005"
Reduction of the currently approved +50.0% upward deviation to a loss cost modification of 1.450.

* Adjusted to reflect all prior rate changes

** Changes in Company's premium level which will result from application of new rates.

Phoenix Insurance Company

Name of Company



2nd Vice President

Official - Title

SUMMARY SHEETChange in Company's premium or rate level produced by rate revision effective 1/1/05

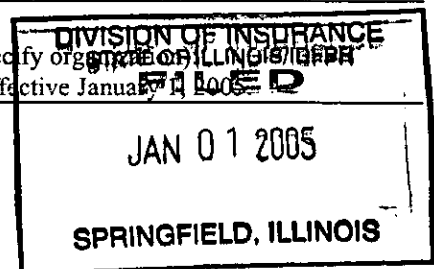
(1)	(2)	(3)
<u>Coverage</u>	<u>Annual Premium Volume (Illinois)*</u>	<u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$230,213	+0.1%
16. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization.)
 Adopting the Rates and Rating Values referenced in NCCI circular IL-2004-05 effective January 1, 2005.

- * Adjusted to reflect all prior rate changes.
 ** Change in Company's premium level which will result from application of new rates.



Protective Insurance Company
 Name of Company

Carrie L. Jefferson, ARC
Compliance Analyst
 Official - Title

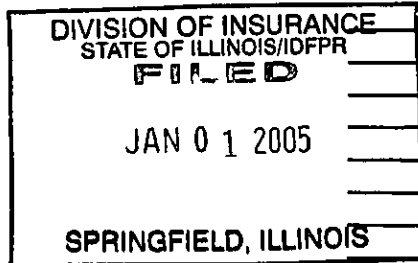
ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

January 1, 2005

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	210,179	0.4%
16. Other		
Line of Insurance		



Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization)

Adoption of NCCI approved

Workers Compensation loss costs and rating values per NCCI Circular IL-2004-05 dated December 21, 2004

and titled "Illinois - Voluntary Market - Advisory Rates, Loss Costs and Rating Values Effective January 1, 2005"

* Adjusted to reflect all prior rate changes

** Changes in Company's premium level which will result from application of new rates.

NIPPONKOA Insurance Company

Name of Company

Bruce H. H.

2nd Vice President

Official - Title

Form (RF-3)

SUMMARY SHEETChange in Company's premium or rate level produced by rate revision effective January 1, 2005

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Work Comp</u>	<u>7,638,270</u>	<u>+0.6%</u>
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

This filing proposes to adopt the approved NCCI miscellaneous values for Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Royal Indemnity Company

Name of Company

Steve McAllister -
Product Support Supervisor
 Official - Title

H29219D



Form (RF-3)

SUMMARY SHEETChange in Company's premium or rate level produced by rate revision effective January 1, 2005

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Work Comp</u>	<u>7,733,923</u>	<u>+0.6%</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

This filing proposes to adopt the approved NCCI miscellaneous values for Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents.

* Adjusted to reflect all prior rate changes.

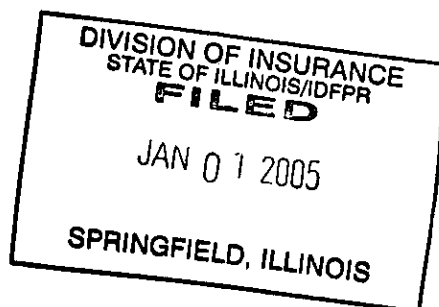
** Change in Company's premium level which will result from application of new rates.

Royal Insurance Company of
America

Name of Company

Steve McAllister -
Product Support Supervisor

Official - Title



H29219D

Form (RF-3)

SUMMARY SHEETChange in Company's premium or rate level produced by rate revision effective January 1, 2005

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Work Comp</u>	<u>166,086</u>	<u>+0.6%</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No

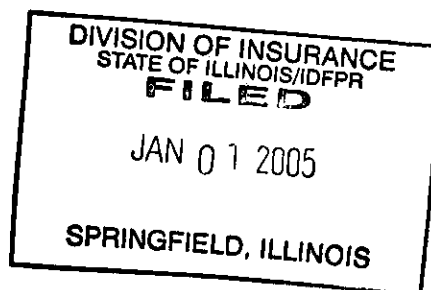
Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

This filing proposes to adopt the approved NCCI miscellaneous values for Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Safeguard Insurance Company
 Name of Company

Steve McAllister -
Product Support Supervisor
 Official - Title


H29219D

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective January 1, 2005

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Comp.</u>	<u>\$200,000 estimated</u>	<u>+0.1%</u>
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: This filing applies to all classes.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of NCCI
Voluntary Rate Filing effective January 1, 2005, revision of expense constant and minimum premium formula and filing
of clarifying DTEC rule for LD policies.

*Adjusted to reflect all prior rate changes.

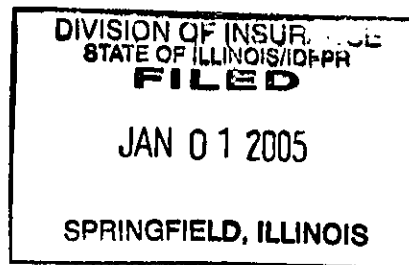
**Change in Company's premium level which will result from application of new rates.

Safety First Insurance Company

Name of Company

Marilyn Tinnell, CPCU -- Compliance Manager

Official -- Title



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective January 1, 2005

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Comp.</u>	<u>\$700,000 estimated</u>	<u>+0.1%</u>
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: This filing applies to all classes.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of NCCI
Voluntary Rate Filing effective January 1, 2005, renewal of current company rate deviation, revision of expense constant
and minimum premium formula and filing of clarifying DTEC rule for LD policies.

*Adjusted to reflect all prior rate changes.

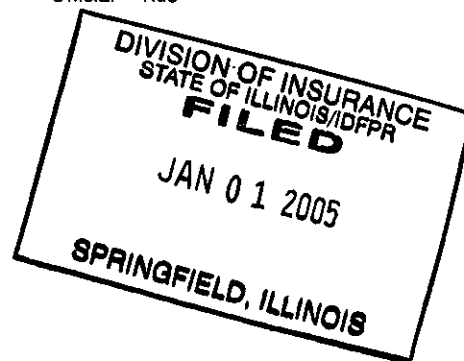
**Change in Company's premium level which will result from application of new rates.

Safety National Casualty Corporation

Name of Company

Marilyn Tinnell, CPCU -- Compliance Manager

Official -- Title



Form (RF-3)

SUMMARY SHEETChange in Company's premium or rate level produced by rate revision effective January 1, 2005

	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other <u>Work Comp</u>	<u>7,746,401</u>	<u>+0.6%</u>
	Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:
No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

This filing proposes to adopt the approved NCCI miscellaneous values for Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents.

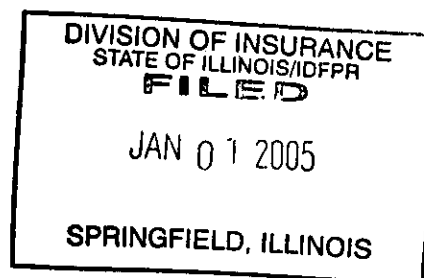
* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Security Insurance Company of
Hartford

Name of Company

Steve McAllister -
Product Support Supervisor
Official - Title



H29219D

Form (RF-3)

SUMMARY SHEET

<div>DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR FILED JAN 01 2005 SPRINGFIELD, ILLINOIS</div>

Change in Company's premium or rate level produced by rate revision effective January 1, 2005

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Worker's Compensation</u>	<u>\$13,250,000</u>	<u>+0.1%</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

NCCI advisory rates effective 1/1/05.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Society Insurance
Name of Company

Chad Thurn - Staff Underwriter
Official - Title

H29219D

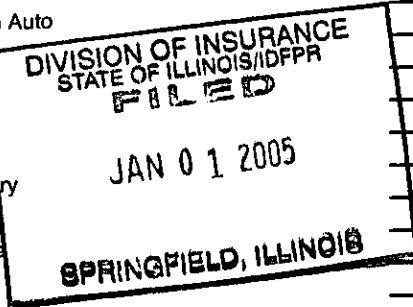
ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

January 1, 2005

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	48,759,657	-1.8%
16. Other		
Line of Insurance		



Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization) Adoption of NCCI approved
 Workers Compensation loss costs and rating values per NCCI Circular IL-2004-05 dated December 21, 2004
 and titled "Illinois - Voluntary Market - Advisory Rates, Loss Costs and Rating Values Effective January 1, 2005"
 Reduction in the loss cost multiplier from 2.079 to 1.993.

* Adjusted to reflect all prior rate changes

** Changes in Company's premium level which will result from application of new rates.

St. Paul Fire & Marine Insurance Company

Name of Company

Brian Hefner

2nd Vice President

Official - Title

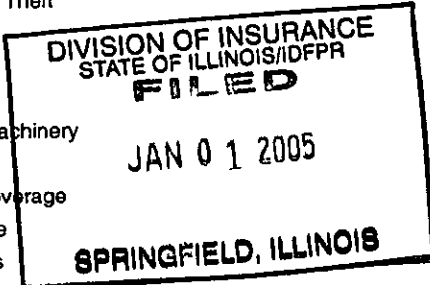
ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

January 1, 2005

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Pert		
14. Crop Hail		
15. Workers Compensation	3,071,106	-5.0%
16. Other		
Line of Insurance		



Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization) Adoption of NCCI approved
Workers Compensation loss costs and rating values per NCCI Circular IL-2004-05 dated December 21, 2004
and titled "Illinois - Voluntary Market - Advisory Rates, Loss Costs and Rating Values Effective January 1, 2005"
Reduction in the loss cost multiplier from 1.455 to 1.395.

* Adjusted to reflect all prior rate changes

** Changes in Company's premium level which will result from application of new rates.

St. Paul Guardian Insurance Company

Name of Company

Brian H. Hume

2nd Vice President

Official - Title

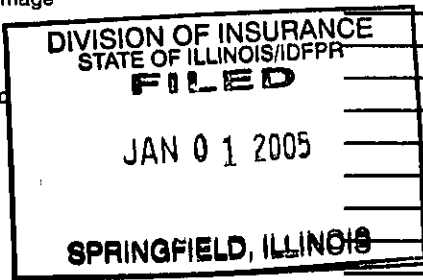
ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

January 1, 2005

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	11,447,471	-4.9%
16. Other		
Line of Insurance		



Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization) Adoption of NCCI approved
 Workers Compensation loss costs and rating values per NCCI Circular IL-2004-05 dated December 21, 2004
 and titled "Illinois - Voluntary Market - Advisory Rates, Loss Costs and Rating Values Effective January 1, 2005"
 Reduction in the loss cost multiplier from 1.767 to 1.694.

* Adjusted to reflect all prior rate changes

** Changes in Company's premium level which will result from application of new rates.

St. Paul Mercury Insurance Company

Name of Company

Bruce H. H.

2nd Vice President

Official - Title

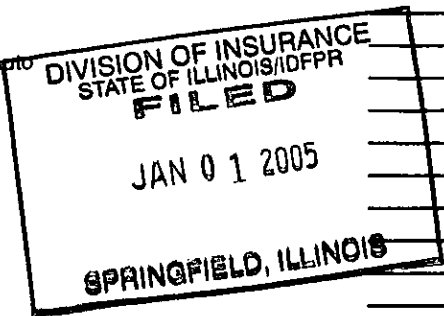
ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

January 1, 2005

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	24,994	2.7%
16. Other		
Line of Insurance		



Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization) Adoption of NCCI approved
Workers Compensation loss costs and rating values per NCCI Circular IL-2004-05 dated December 21, 2004
and titled "Illinois - Voluntary Market - Advisory Rates, Loss Costs and Rating Values Effective January 1, 2005"
Reduction in the loss cost multiplier from 2.079 to 1.993.

* Adjusted to reflect all prior rate changes

** Changes in Company's premium level which will result from application of new rates.

St. Paul Protective Insurance Company

Name of Company

Brian Heffernan

2nd Vice President

Official - Title

SUMMARY SHEET

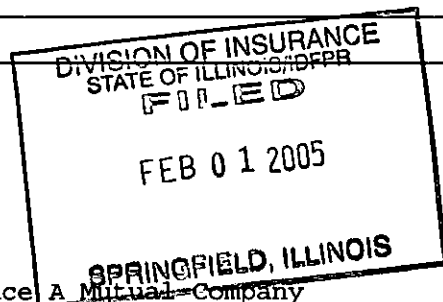
Change in Company's premium or rate level produced by rate
revision effective February 1, 2005

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	21,005,207	-2.8%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes?
If so, specify: - No -

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopt the 1/1/2005 NCCI advisory rates with class deviations as listed on the attachment.

- * Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will result from application of new rates.



Sentry Insurance A Mutual Company
Name of Company

Janel Danczyk - Sr. Product Specialist
Official - Title

SUMMARY SHEET

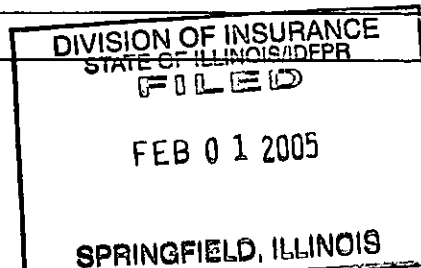
Change in Company's premium or rate level produced by rate
revision effective February 1, 2005.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	7,157,695	+3.5%
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes?
If so, specify: - No -

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopt the 1/1/2005 NCCI advisory rates with class deviations as listed on the attachment.

- * Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will result from application of new rates.



Sentry Select Insurance Company - Dealer Operations
Name of Company

Janel Danczyk - Sr. Product Specialist
Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 3/1/05.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Comp</u>	<u>600,273</u>	<u>+0.1%</u>
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: NO

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adoption of NCCI Rates in 12-04-05
rating rule revisions also

DIVISION OF INSURANCE STATE OF ILLINOIS/DPPR FILED
MAR 01 2005
SPRINGFIELD, ILLINOIS

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Sompo Japan/ASCo
Name of Company
Todd Obolsky
Asst Manager, State Filings
Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective March 1, 2005

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	\$2,221,871	+2.3%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____
see below

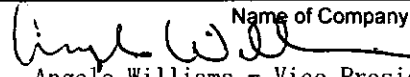
Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____
Adoption of NCCI's 1-1-05 advisory rates with deviations for six class codes.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

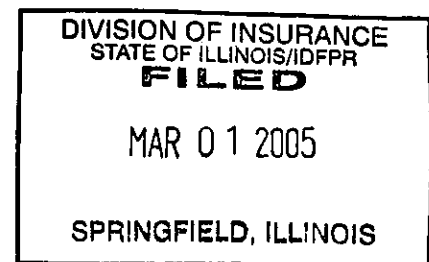
Star Insurance Company

Name of Company



Angelo Williams - Vice President Compliance

Official - Title



ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 4/1/05.

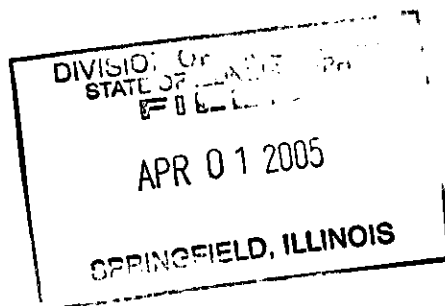
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger	0	0
Commercial	0	0
2. Automobile Physical Damage		
Private Passenger	0	0
Commercial	0	0
3. Liability Other than Auto	0	0
4. Burglary and Theft	0	0
5. Glass	0	0
6. Fidelity	0	0
7. Surety	0	0
8. Boiler and Machinery	0	0
9. Fire	0	0
10. Extended Coverage	0	0
11. Inland Marine	0	0
12. Homeowners	0	0
13. Commercial Multi-Peril	0	0
14. Crop Hail	0	0
15. Workers Compensation	6,509,485	+ 0.1%
16. Other	0	0
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify No _____

Brief description of filing (if filing follows rates of an advisory organization, specify organization) Following National Council on Compensation Insurance rates per approval circular IL-2004-05 while retaining some exceptions as detailed on the enclosed miscellaneous values page. _____

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Technology Insurance Company _____
Name of CompanySubmitted by: J. Shoenfelt, ACAS
Shoenfelt Consulting, Inc.
Official — Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate
revision effective 3-1-05

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation & Employers Liability Line of Insurance	+ \$2,255.09	+0.1%

Does filing only apply to certain territory (territories) or certain classes?
If so, specify: n/a

Brief description of filing. (If filing follows rates of an advisory
organization, specify organization): Adopting the NCCI 1-1-05 rates.

- * Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will
result from application of new rates.

DIVISION OF FINANCE
STATE OF ILLINOIS
[Stamp]

MAR 01 2005

TRANS GUARD INSURANCE COMPANY OF AMERICA, INC.
Name of Company

Donald D. Harris

- Compliance Analyst

Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

January 1, 2005

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	5,239,359	2.9%
16. Other		
Line of Insurance		

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
JAN 01 2005
SPRINGFIELD, ILLINOIS

Does filing only apply to certain territory (territories) or certain classes? If so, specify

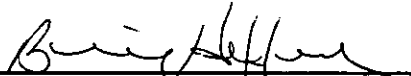
No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization) Adoption of NCCI approved
Workers Compensation loss costs and rating values per NCCI Circular IL-2004-05 dated December 21, 2004
and titled "Illinois - Voluntary Market - Advisory Rates, Loss Costs and Rating Values Effective January 1, 2005"
Reduction of the currently approved +30.0% upward deviation to a loss cost modification of 1.250.

- * Adjusted to reflect all prior rate changes
- ** Changes in Company's premium level which will result from application of new rates.

Travelers Casualty & Surety Company

Name of Company

 2nd Vice President
Official - Title

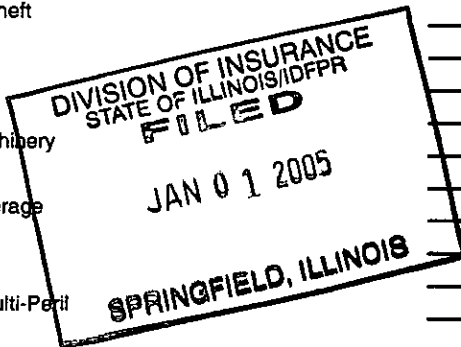
ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

January 1, 2005

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	90,871,273	2.6%
16. Other		
Line of Insurance		



Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization) Adoption of NCCI approved
Workers Compensation loss costs and rating values per NCCI Circular IL-2004-05 dated December 21, 2004
and titled "Illinois - Voluntary Market - Advisory Rates, Loss Costs and Rating Values Effective January 1, 2005"
Reduction of the currently approved +20.0% upward deviation to a loss cost modification of 1.125.

- * Adjusted to reflect all prior rate changes
- ** Changes in Company's premium level which will result from application of new rates.

Travelers Indemnity Company

Name of Company

Brian H. Hester

2nd Vice President

Official - Title

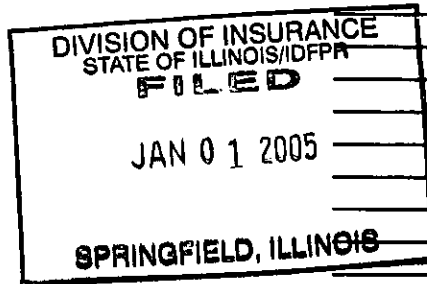
ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

January 1, 2005

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	5,774,667	-2.3%
16. Other		
Line of Insurance		



Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization) Adoption of NCCI approved
Workers Compensation loss costs and rating values per NCCI Circular IL-2004-05 dated December 21, 2004
and titled "Illinois - Voluntary Market - Advisory Rates, Loss Costs and Rating Values Effective January 1, 2005"
Elimination of the currently approved +10.0% upward deviation.

* Adjusted to reflect all prior rate changes

** Changes in Company's premium level which will result from application of new rates.

Travelers Indemnity Company of America

Name of Company

Brian H. H. H. 2nd Vice President
Official - Title

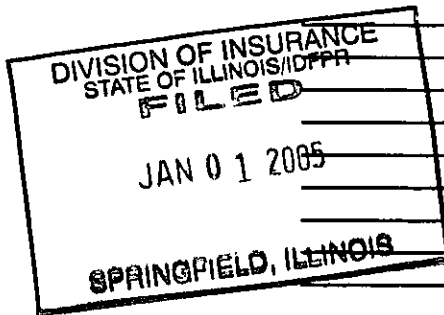
ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

January 1, 2005

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	5,714,786	4.7%
16. Other		
Line of Insurance		



Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization) Adoption of NCCI approved
Workers Compensation loss costs and rating values per NCCI Circular IL-2004-05 dated December 21, 2004
and titled "Illinois - Voluntary Market - Advisory Rates, Loss Costs and Rating Values Effective January 1, 2005"
Adoption of a loss cost modification of 0.950.

* Adjusted to reflect all prior rate changes

** Changes in Company's premium level which will result from application of new rates.

Travelers Indemnity Company of Connecticut

Name of Company

Brian H. Hume
 Official - Title

2nd Vice President

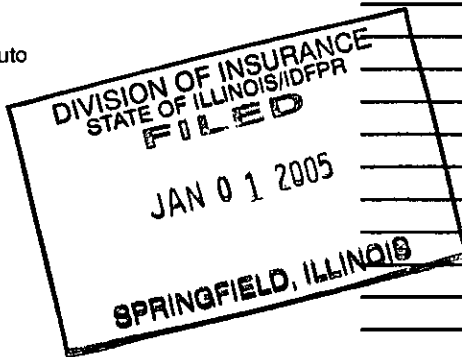
ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

January 1, 2005

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	36,368,451	2.2%
16. Other		
Line of Insurance		



Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization) Adoption of NCCI approved
Workers Compensation loss costs and rating values per NCCI Circular IL-2004-05 dated December 21, 2004
and titled "Illinois - Voluntary Market - Advisory Rates, Loss Costs and Rating Values Effective January 1, 2005"
Adopt a loss cost modification of 0.950.

* Adjusted to reflect all prior rate changes

** Changes in Company's premium level which will result from application of new rates.

Travelers Property Casualty Company of America

Name of Company

[Signature]

2nd Vice President

Official - Title

ILLINOIS SUMMARY SHEET

Form (RF-3)

Change in Company's premium or rate level produced by rate
revision effective September 1, 2005

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois) *	Percent Change (+ or -) **
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$17,179,211	0.8%
16. Other		
Line of Insurance		

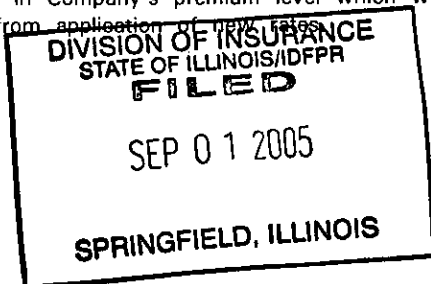
Does filing only apply to certain territory (territories) or certain
classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory
organization, specify organization):

Delay adoption of NCCI's Item B-1393 until September 1, 2005

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will
result from application of new rates



Truck Insurance Exchange

Name of Company

James J. Gebhard, FCAS, MAAA

Actuary, Workers Compensation

Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

LOB: Workers' Compensation

Change in Company's premium or rate level produced by rate revision effective February 1, 2005

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	6,326,803	2.5%
16. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify N/A

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Filing to adopt the loss costs released in NCCI circular IL-2004-05 using our new loss cost multiplier of 1.799.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Universal Underwriters Insurance Company

Name of Company

Terri L. Smith - Governmental Affairs Specialist

Official - Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

FEB 01 2005

SPRINGFIELD, ILLINOIS

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 1/1/2005

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	<u>1,883,600</u>	<u>-3.17</u>
16. Other _____		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify n/aBrief description of filing (if filing follows rates of an advisory organization, specify organization) Adoption of NCCI rates, effective 1/1/2005

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Vanliner Insurance Company

Name of Company

Tina Kampwerth Compliance Coord

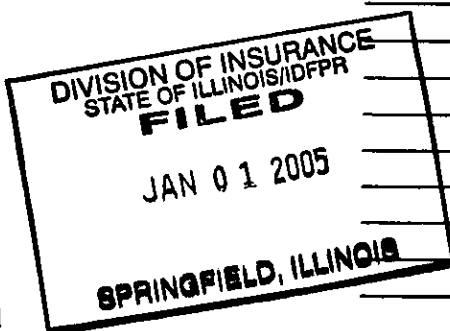
Official — Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 1-1-05

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	<u>166,669,962</u>	<u>0.1</u>
16. Other _____		
Line of Insurance		



Does filing only apply to certain territory (territories) or certain classes? If so, specify _____

Brief description of filing (if filing follows rates of an advisory organization, specify organization) _____

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Virginia Surety Co

Vice President
Name of Company
James J. Leary
Official — Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/1/2005

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u> Line of Insurance	560,391	-16.6%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____

Filing to adopt NCCI 1-1-2005 advisory rates with no company deviation. _____

*Adjusted to reflect all prior rate changes.

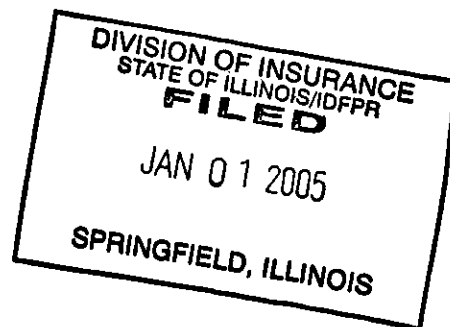
**Change in Company's premium level which will result from application of new rates.

Wausau Business Insurance Company

Name of Company

Debra RothmeyerState Filings Analyst

Official - Title



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/1/2005

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u> Line of Insurance	43,535.	-9.9%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____

Filing to adopt NCCI 1-1-2005 advisory rates with a -10% company deviation.

*Adjusted to reflect all prior rate changes.

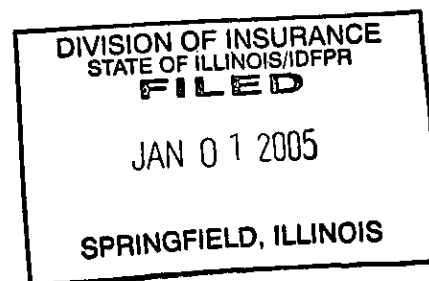
**Change in Company's premium level which will result from application of new rates.

Wausau General Insurance Company

Name of Company

Debra RothmeyerState Filings Analyst

Official - Title



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/1/2005

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	10,612,848.	-3.6%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____

Filing to adopt NCCI 1-1-2005 advisory rates with a +30% company deviation. _____

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

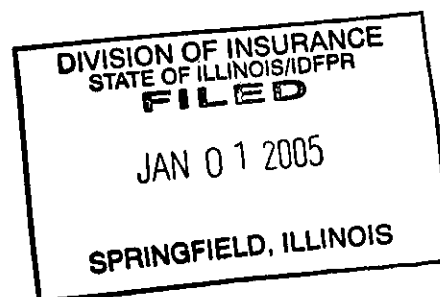
Wausau Underwriters Insurance Company

Name of Company

Debra Rothmeyer

State Filings Analyst

Official - Title



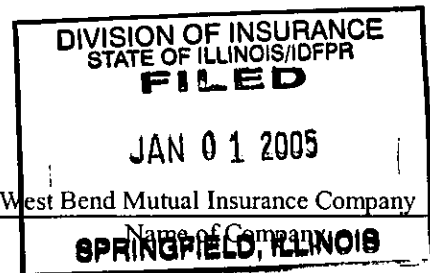
SUMMARY SHEETChange in Company's premium or rate level produced by rate revision effective 01/01/2005

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers'	48,279,471	+0.1%
Compensation		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:
See Cover Letter

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
See Cover Letter

- * Adjusted to reflect all prior rate changes.
 ** Change in Company's premium level which will result from application of new rates.



Pam Allison, CPCU, AU
 Senior Staff Underwriter

Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

02/01/05

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+or-)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler & Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers' Compensation	<u>23,732,000</u>	<u>-3.2%</u>
16. Other		

Does filing only apply to certain territory(ies) or certain classes? If so, specify:

No, applies to all WC.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization.)

Adoption of NCCI Prospective Loss Costs and Decrease of Loss Cost Multiplier

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Westport Insurance Corporation

Name of Company

Linda Snook, P&RS Specialist

Official Title

FEB 01 2005

SPRINGFIELD, ILLINOIS

ILLINOIS

RECEIVED

JAN 21 2005

Change in company's premium or rate level produced by rate revision effective 1/1/2005IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD (1)ILLINOIS SUMMARY SHEET
FORM RF-3

Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers' Compensation	11,205,443	0.7%
16. Other <u>Line of Insurance</u>		

DIVISION OF INSURANCE
STATE OF ILLINOIS
FILED
JAN 01 2005
SPRINGFIELD, ILLINOIS

Does filing only apply to certain territory (territories) or certain classes? If so, specify NoBrief description of filing (if filing follows rates of an advisory organization, specify organization) We are adopting the NCCI Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents endorsement premium charge

* Adjusted to reflect all prior rate changes.

** Change in company's premium level which will result from application of new rates.

Post-It* Fax Note	7671	Date	# of pages
To	Mark Smith	From	
Co./Dept.		Co.	
Phone #	217-782-1791	Phone #	
Fax #	217-782-5020	Fax #	

Zenith Insurance Company

Name of Company

Brad Eastwood, Vice President

Official - Title